The Peer Counselor Program is a leadership and guidance service offered by College of Charleston students. The Peer Counselor Program is supported by CofC’s Counseling and Substance Abuse Services (CASAS), Wellness Partners, and other faculty and staff. The Peer Counselor Program allows students the ability to connect with a peer counselor who understands the complexities of navigating college life, as well as who offer suggestions on how to make the most of the campus resources. The peer counselors are students with different interests, talents, and experiences who will connect with other CofC students and act as a resource, role model, and a sounding board for questions, concerns, and frustrations. All peer counseling services are offered in a confidential, non-judgmental environment.

Overview of the Peer Counselor Program

The purpose of the Peer Counselor Program is to provide students with information on student support services, academic skills such as time management, organization, critical thinking, self-advocacy, and student life. Peer counselors also help students to identify their goals and to develop the skills needed to realize those goals. The role of the peer counselor is to guide, rather than to instruct; suggest resources, rather than supply answers; and encourage improvement, rather than criticize poor choices. Peer counselors are not expected to be “miracle workers” or to have all of the answers. Peer counselors are expected to utilize information obtained from training sessions, consultations with Wellness Partners including Counselors at CASAS and Directors of the Peer Counselor Program. Peer counseling sessions are NOT tutoring sessions. Peer counselors guide students with resources, skills, and problem-solving abilities needed to navigate college life more successfully.

Goals of the Peer Counselor Program:

For students:

- Increase resilience and personal growth to support persistence and success in school
• Realize intellectual and personal potential and become responsible, productive members of society
• Embrace mutual respect, collaboration and diversity for the welfare of the individual and the institution

For Peer Counselors:
• Provide academic, personal, and social support
• Assist in the navigation of the college environment
• Build relationships between students, staff, and faculty

For Both:
• Pursue and share knowledge through study, inquiry and creation in order to empower the individual and enrich society
• Foster individual development of self-reliance and self-advocacy

Code of Conduct:
Peer Counselors must adhere to the Student Code of Conduct policy as described in the undergraduate catalog and model this for other students. http://www.cofc.edu/pv_obj_cache/pv_obj_id_22FEBBFF97C39CAB542D2A0BC9885C0AAE00D00/filename/handbook.pdf

Skills and Qualities Desired in a Peer Counselor:
• Possess the ability to communicate effectively with a diverse group of people
• Exhibit leadership potential and eagerness to continuously improve
• Demonstrate a high degree of initiative, social skills, assertiveness, good judgment, creativity, follow-through, and commitment

Duties of a Peer Counselor:
• Act as a resource to students by sharing information about a variety of aspects regarding the College of Charleston community
• Work with CASAS staff, Health Educator, Wellness Partners, and Program Directors to facilitate the success of all aspects of the Peer Counselor Program
• Positively represent the College of Charleston
• Provide therapeutic listening to College of Charleston students
• Market the services of the Peer Counselor Program
• Participate in biweekly meetings/supervision sessions
• Participate in campus outreach related to health education initiatives
APPLICATION DEADLINE: June 3, 2011
All Application materials must be turned in to Counseling and Substance Abuse Services. Mail or bring all application materials (in one envelope labeled Peer Counselor Program) to:
Peer Counseling
Counseling and Substance Abuse Services
3rd Floor Robert Scott Small Building
College of Charleston
175 Calhoun Street
Charleston, SC 29424

TIME COMMITMENT: Minimum Six hours per week for the academic year 2011-2012

- Peer Counseling shift: 4 hours
- Marketing/development/outreach: 1 hour
- Meetings/Trainings: 1 hour
- Tentative Meeting time: Thursday at 4:00 pm

ACADEMIC REQUIREMENTS:
- Minimum GPA of 3.0
- Minimum Earned Credit Hours: 30

TRAINING:
- Therapeutic listening skills (CASAS)
- Education of mental and physical health issues related to college students (Health Educator)
- Decision making processes and applicable referrals (Wellness Partners)

NOTE: The 2 recommendation forms must be completed by instructors, advisors, or supervisors from your current or previous place of employment. All recommendations must be signed by recommender on the seal of the envelope.

Before submitting an application, please attend an Information Session and be completely familiar with the FAQ info on the Peer Counseling website.
College of Charleston Peer Counselor Application

Name _______________________________________ Date ____________________

Male _____ Female _____ Student ID#____________________

Date of Birth ______________
Email Address ____________________________________________

Local Address ____________________________________________
Permanent Address _________________________________________

Home phone ________________ Cellular _________________________

Major _________________________ G.P.A. (Min: 3.0) __________
* If grade point average falls below a 3.0 after being accepted or during participation in the Peer Counselor Program, acceptance will be reconsidered.

Class: Sophomore _____ Junior _____ Senior _____ Grad Student _____

Expected date of graduation ______________

Expected semester course load for the upcoming Fall and Spring semesters __

Total credits earned at a college or university (Min: 30) _______

Will you be working during this academic year? YES_____ NO_____

If yes: Number of hours? _________

List all languages you speak fluently: _____________________________

List and describe any College of Charleston activities (e.g. student organizations, positions, committees):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
List and describe any other organizations and service opportunities in which you are currently active (on or off campus):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Do you have any experience working with and/or speaking to students with disabilities?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Describe what you perceive as your strengths and weaknesses as a college student:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

List and describe any specific areas of interest relevant to that of a peer counselor:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

In what ways do you imagine that your involvement in the Peer Counselor Program might contribute to your personal development?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Have you ever been involved in a college judicial sanction? YES__ NO__
If yes, please explain:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you ever been arrested? YES__ NO__
If yes, please explain:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Have you ever been hospitalized for a mental health issue? YES__ NO__
If yes, please explain:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Are you experiencing any mental health concerns that are not successfully treated and managed? YES__ NO__
If yes, please explain:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

List and describe any impediments you might have that could negatively affect your capacity to effectively deliver Peer Counseling services and/or that might lessen your ability to demonstrate responsible, orderly, conscientious personal or student conduct:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Is there any additional information you believe we should be aware of in considering your application?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I agree, if accepted as a peer counselor, to:
- Attend bi-weekly meetings
- Participate in one counseling shift per week
- Commit for an entire academic year
- Participate in marketing/ advertising activities at least twice per month
- To be an active member of group

Signature of Applicant: ________________________________

Date: ________________
College of Charleston Peer Counselor Application

SELF EVALUATION AND ESSAY STATEMENT

Name:____________________________________________________________

1. Please evaluate yourself on the following characteristics. Keep in mind that we will be looking for evidence in your application and references to support your rating.

Questions pertaining to your rating may be asked during an interview process.

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Communication skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Ability to work as part of a team</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Initiative</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Follow through on commitments</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Maturity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Accepts responsibility</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Uses good judgment</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Creativity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

2. Essay Statement: On a separate sheet of paper, please attach a typed essay (1-2 pages) responding to both (A) and (B).

A. Describe why you want to be in the College of Charleston’s Peer Counselor Program.

B. From the list of characteristics above, state which two (2) qualities you feel are most important to being a Peer Counselor and describe prior experiences in which you have demonstrated these characteristics.
College of Charleston Peer Counselor Application

PEER COUNSELOR PROGRAM RECOMMENDATION FORM

Candidate’s Name: ________________________________________________________

A small, select group of College of Charleston students are trained to provide Peer Counseling to College of Charleston students. Training consists of therapeutic listening, decision making processes, and referrals. Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Communication skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Ability to work as part of a team</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Initiative</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Follow through on commitments</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Maturity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Accepts responsibility</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Uses good judgment</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Creativity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

1. How long have you known the candidate?
_______________________________________________________________________
_______________________________________________________________________

2. Please describe your working relationship with the candidate:
_______________________________________________________________________
_______________________________________________________________________

3. Briefly describe the candidate’s strengths:
_______________________________________________________________________
_______________________________________________________________________

4. Briefly describe the candidate’s area(s) for growth:
_______________________________________________________________________
_______________________________________________________________________

5. Overall, do you:
   _____Highly recommend this candidate
   _____Recommend
   _____Recommend with reservations
   _____Not recommend this candidate

Signature of recommender ___________________________  Date ______________
Name _________________________ Title _________________________________

*Be sure to sign the seal of the envelope.
College of Charleston Peer Counselor Application

PEER COUNSELOR PROGRAM RECOMMENDATION FORM

Candidate’s Name: _______________________________________________________

A small, select group of College of Charleston students are trained to provide Peer Counseling to College of Charleston students. Training consists of therapeutic listening, decision making processes, and referrals. Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Communication skills</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Ability to work as part of a team</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Initiative</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Follow through on commitments</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Maturity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Accepts responsibility</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Uses good judgment</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>Creativity</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

1. How long have you known the candidate?
_______________________________________________________________________
_______________________________________________________________________

2. Please describe your working relationship with the candidate:
_______________________________________________________________________
_______________________________________________________________________

3. Briefly describe the candidate’s strengths:
_______________________________________________________________________
_______________________________________________________________________

4. Briefly describe the candidate’s area(s) for growth:
_______________________________________________________________________
_______________________________________________________________________

5. Overall, do you:

_____Highly recommend this candidate
_____Recommend
_____Recommend with reservations
_____Not recommend this candidate

Signature of recommender ___________________________  Date ______________
Name _________________________ Title _________________________________
*Be sure to sign the seal of the envelope.